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ORIGINAL ARTICLE.

Address of Welcome.

BY JOSEPH G. WATERS.

Read before the Kansas Medical Society, at Topeka, May 16. 1895.

It were but an act of the commonest courtesy and justice, when such a distinguished assemblage of eminent citizens of the State comes within the gates of the capital city, for the community, with universal hand, to extend its hospitality and good cheer; to write upon its door-posts and to embellish with transparency the high honor these guests have conferred upon us; and then, have the tongue of its spokesman weave into the choicest fabric of human speech such words of welcome as go straight to the heart, and find lodgment there as memories fit to be hung within its sacred chambers. The house a Cæsar has honored by his presence is no longer commonplace.

Among our visitors are the young and old, the Nestor and the graduate; the trained specialist, the studious professor, the learned author, the profound and successful practitioner, and I hope, also, the delightful and beloved country doctor. Were you a conclave of warriors fresh from fields made glorious by your presence, we would meet you with flags and greet you with the blast of trumpets. A living fringe of childhood would border the avenues along which might lie your triumphal procession. From the high dome of the Capitol to our farthest boundary, the city would apparel itself with all that pride, pomp and circumstance which every age and country have ungrudgingly given its captains. We would follow your plumes wherever they tossed, with loud acclaim and outspoken laudation. The very hours of your presence in this city would be an aroma here, and a fragrance there, of beauty, bloom and bays, and hands could not wreathe all the chaplets of laurel that valorous hearts would wish to bind upon your brows.

You have come from greater battles and from more distinguished fields of victory. There have not been a dozen wars in the era of civilized man which humanity would care to mark with a commemorative stone. But there have been butcheries, for the conquest of a cliff or the surrender of an island; for the plunder of a continent; for a sordid ambition which desired to topple all thrones and on their ruins rise dictator to a world; to uphold a dynasty, and to destroy a people who had come to think of liberty. It was those barbaric affairs the historian has been compelled to chronicle to find his pages of interest in the annals of men. A single paragraph tells the story of Christ, but it has taken libraries to rehearse the battles of his savage contemporaries. The warrior is prompted by the lures of earthly plaudit and measureless ambition. He is given the chief seat at the banquet feast. In the council halls, he is honored above his fellows. And at last, when he dies, his is the one tall shaft in the silent Greenwood that lifts, above all his comrades in repose, the eagles of glory in perennial bronze to the eternal skies. The soldier has his battles with a known and tangible foe; with an enemy whose pagan bloodthirstiness is controlled by a code of so-called Christian rules of warfare. He intelligently feels his way and ascertains the locality of the bristling front with which he must contend. From an eminence he locates its batteries and the sunlight flashes in his face the glisten of

bayonets, miles and miles away. His knowledge of history gives him a clear gness of the capacity of the opposing country and its resources and supplies, and the measure of its armament. Deserters inform him of its *esprit de corps* and general discipline. His battles are fought in the daytime. When night envelops the world and makes the uniforms and flags of the contending forces blend into a common color, and effaces all that distinguishes them as enemies, the duellers are curtained in peaceful sleep, and a wizard hand paints mystic pictures on the intangible canvas of dream that only vanish with the long-resounding call that ushers in returning morn. He fights behind a bastion of masonry, in front of him is seventeen inches of armor plate, or a ponderous wall of iron. His weapons of offense are all that ingenuity can invent or a government can buy. He is never caught in an ambuscade, except by the want of his own caution. He can proceed leisurely to invest the enemy and starve him by his encircling zigzags and parallels. In the opens, upon a field whose detailed topography is marked upon the map which he carried in his hand; and it is under such advantageous circumstances that Valor spurs its steed, doubleshots its guns, pulls its lanyards, and rushes to the charge. And it is at such times and by such means he earns his laurels and compels fame to become tribute to his personal prowess.

On no such fields as these, with no such armament and against no such foes, have you waged your unequal contests. For no such petty or ignoble purposes, and for no such miserable atrocities.

Your march is through the black night into which you have plunged, with only the torch to guide, which your own hand uplifts. It is over a country whose geography no mortal has mapped. Your foe is always found in the depths of an ambuscade. No stray shot from his outposts betrays his position. No deserters come into your lines with information. What captives you have are taken prisoners of war in red-handed fight. The enemy is guarded by a strong picket line of infection, more deadly than the poisoned bullet. The half divine impulse which comes from the fanfarronade of advancing flags, the roar of guns, the shouting of the captains, the crash of musketry, the prancing horse and the companionship of multitudes, is in your case wanting. Your attendants are sorrow and pain and not a witness to note the progress of the fight. If the world does not give so splendidly of its fame as it does to the soldier, it is not wanting in a great respect and affection for the physician.

A doctor, as well as the soldier, has the liberty of choice in the selection of pursuits. He knew of the great ocean of life; he knew the star that he must sight to guide his boat through the buffeting waves into the roadstead of fame across the tumult of seas. He designedly refused to point his prow for such a course. I am modestly inclined to deny the truth of the assertion that peace hath her victories no less renowned than war. The inventor of chloroform dulls the pain that a hundred slaughterers like Napoleon may cause. One should stand with the gods on high Olympus, and the other should, as ages come and eons go, be an undying spectator of all the inexcusable and miserable sorrows he has caused: "full in the sight of Paradise, beholding Heaven and feeling hell." When victories of peace become renowned and are celebrated, the tomb of the first Consul must be forgotten.

In all his brave battles the doctor has never suffered a defeat; his lines have been constantly advanced. The foes he pursues are in flight, and are being constantly pressed in retreat.

These valiant men, these greater than warriors, are our guests to-day. They come without banners and capture our hearts. Unobsequious, modest, sedate, unpretentious and great. The soldier seeks fate for personal ambition and the doctor avoids it for the good of his kind. I do not desire to lay upon the expression of complimentary speech, more than the traffic will bear. Having a slight knowledge of the ethics of your profession, it is just and honest to say at all times that you have investigated and experimented and have found much of the

greatest value to the human race. But you have never sought to profit by the value of your labors; it has been given at once to humanity. There have been a protest and criticism coming at once from your ranks when the formula has been withheld from the public. You assert as scientific men the cause must be known. It is the best and grandest assertion of your profession, and rises to the dignity of exalting it. A court in Kansas has recently made a far-reaching decision based upon its wisdom and justice. If the medical profession had desired to profit by their own achievements it could have made a monopoly and trust more powerful than the Standard Oil or Sugar. The people get to understand these things.

The civilized man has the modern appliances at his hand, where his wants are controlled by a button; but if he ever profits by his civilization and enjoys the life all his accessories have given into his charge he must credit much to the doctor. He has taught us the necessity of pure water. He has made us know the danger of no drainage and vicious cess pools, and the necessity of good sewerage. He has been pronounced upon the blessings of ventilation and fresh air. He has taught us the philanthropy of care and cleanliness. He has bequeathed to the world the delightful boon of public hospitals, where sick and wounded have a better care than the private home affords. He has brought plagues and epidemics under his control, and made all the ills which flesh is heir to pliant to his intelligent treatment. If there are any steps in our progression upward to a higher or better civilization than the treatment of the sick, the world is unadvised of it. The knife of the surgeon has been stripped of its terror. The patient sleeps during capital operations and awakes in astonishment to find himself dismembered. The care of the hurt and the marvelous recovery from wounds or operations by antiseptic precautions are still wonders among a network of marvels.

I have no other function to perform than to speak the word of welcome, and it could not be done without allusion to the great profession to which they do so much honor. A Kansas doctor is an up-to-date representation of the state of his science. I know him to be so. And when the speaker was given license to speak, he took the privilege to free his mind of what he thought and knew of the big-brained, many-sided, intelligent and level-headed men belonging to your society he has met in the last quarter of a century in this State.

And for all the good people of this paragon among beautiful cities, as benedictions might fall, so do we shower upon you all kindly wishes; that with many years of health and happiness, there may be added to the store of each member of the Kansas Medical Society increasing profit, usefulness and honor.

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628	Diarrhœa.
630	Fever (Dr. T. G. Davis).
645	Tonsilitis.

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Topeka, Kansas, Saturday, Nov. 23, 1895.

Consumption and Hospitals.

The success of a theory is best proven by a trial. The results which are being reported from hospitals for the treatment of consumption, prove that this is a satisfactory plan. It does not require a great amount of argument now to convince either the profession or the laity that consumption is a curable disease. That greater success is not manifested with the ordinary methods of treatment is in a great measure due to the lack of proper facilities and the want of constant and proper control. The diet, exercise and general management of the patients should be completely under the supervision of the attending physician, but this cannot be accomplished except in sanitaria or hospitals. Of the many methods of treatment advocated for those cases, none of them have generally succeeded except where all the advantages of hospital care can be had. It is an utter impossibility to make the patient or his friends appreciate the importance of the condition of the surroundings in the outcome of the case. They are incapable of judging between a sufficient and an excessive amount of exercise. They have no conception of the quality or quantity of food necessary for the proper nutrition of the patient. Consequently the most essential part of the treatment fails. Many plans to overcome this difficulty have been advocated, namely, the concentrated foods, beef extracts, and nutrient combinations, which so far as they go are not without merit; but while they aid nutrition they will not take the place of that constant care and systematic feeding under direct supervision of a physician and trained attendants.

Another important feature is the system of medication. While consumption patients may be persuaded to take regular doses of any prescribed medicament, they have not sufficient knowledge of therapeusis to know when the indications are properly met.

A hospital properly arranged with trained attendants where the proper amount of exercise can be enforced, where the feeding can be intelligently regulated and where the patient can be protected from the poisoned atmosphere of his own room by systematic exposure and disinfection, constitutes one of the most important elements in the successful treatment of consumption.

There is an important feature in the treatment of incipient phthisis that is often neglected, *i.e.*, lung development. This can be secured only by carefully systematized chest movements. A hospital or sanitarium may be constructed and arranged so that patients may be enabled to secure all the benefits of muscular exercise even though the atmospheric conditions may enforce confinement, and exercise which is directed toward the improvement or increase of the capacity of the structure involved.

In an institution of this sort the atmosphere of the room may be, not only disinfected, but it may be saturated with

such antiseptic drugs as may be indicated for inhalation; in other words the very air they breathe may be rendered antiseptic. With well ventilated and well lighted galleries they be exposed for long periods to sunlight and air, all the conditions of a climatic treatment may be secured in a well regulated sanitarium.

It is to be hoped that in the progress of our science at some future day a sure and certain specific may be found for every disease; but while waiting for this event, we may largely decrease the death rate from consumption by the establishment of public or private hospitals at convenient places for the reception and care of these cases.

Syphilitic Throats.

The ordinary throat lesions of tertiary syphilis are easily made out. Their appearance, rapid extension and great destruction of tissue are usually sufficiently marked to make a positive diagnosis, even though no history of syphilis may be given. When occurring in the pharynx there seems an almost universal tendency to involvement and destruction of the soft palate and this tissue succumbs very rapidly. There are cases occasionally where with an indefinite history and a not very marked appearance, the diagnosis is considerably clouded, but there is one condition which always indicates the use of the iodides at least. When there is evident thickening and infiltration of pillars and velum we have made it a rule to give large doses of the iodides, and seldom fail to get a rapid disappearance of the throat symptoms. It is not necessary that there should be destruction of tissue or ulceration, but if this does not occur healing is quite rapid under this treatment. Syphilitic pharyngitis sometimes simulates tonsilitis. The tonsils appear to be greatly enlarged, are painful and sometimes an abcess forms in the peritonsillar tissue, but in such case is likely to extend ir to the tissues of the posterior pillar and can then readily be distinguished from tonsilitis.

In any of the forms of syphilitic pharyngitis the first thing to do is to place the patient upon large doses of iodide of potassium the next important point is the local treatment. The throat should be thoroughly cleaned with some antiseptic wash and each point of attack well saturated with some solution of iodine. Where the vault of the pharynx is involved and direct appilcations cannot be easily made, insufflations of aristol or a mixture of powdered eucalyptus and starch, one part to four, gives excellent results. Much destruction of tissue from these lesions, if the case is seen early, is unnecessary, for the process is usually checked under a free use of the iodides.

Mineral Waters.

It is a popular idea that there is in certain waters some God-given curative elements which cannot be substituted by the hand of man. A great many of the socalled mineral waters foisted upon the public contain a smaller percentage of mineral salts than can be found in the ordinary well waters of Kansas. A few grains of sulphate of magnesium and chloride of sodium to the gallon, perhaps less of the latter than the average person takes at a regular meal, is not a guarantee of medicinal properties. If the curative properties of these waters are due to some hidden vitality not expressed in grains per gallon of mineral salts, then the proportion of these elements is in no way essential to the value of the water. On the other hand if it is the salts contained therein, what does it matter whether they are put there by nature or are introduced into natural waters by the hand of the chemist?

Lithia waters have been vaunted to the skies for their wonderful curative properties in gouty and uric acid diatheses, and yet many of them contain a very small per cent. of lithia. If it is to this element that its great value is due, it seems a very sensible idea to add lithia to other carbonated waters for the same purpose. It is possible that the proportion of salts being increased in the artificial mineral waters, the efficacy

may be much greater. Large amounts of money are spent for natural mineral waters of questionable value when a local pharmacist might prepare and bottle a water of definite properties and adjusted to suit various ailments, at a profit to himself and a great saving to the consumer.

The water fad however is one that cannot be easily overcome and every discoverer of a mineral spring finds numerous people willing to sacrifice their long nursed and carefully guarded illness to the glorification of the new water.

Cardiac Therapeutics.

The Cincinnati Lancet-Clinic.

George W. Balfour (Edinburgh *Medical Journal*, 1895, cdlxxx, p. 1057) claims that the first thing to do when a cardiac case is to be treated, is to carefully examine every organ closely connected with the heart, as the lungs, liver, and kidneys. Upon their condition depends the prognosis and often the diagnosis of the case. The prominent subjective symptom is often a guide to the nature of the case, and an indication as to the treatment. The symptom, however, must be clearly understood, and also its connection with other existing phenomena.

The ordinary observer regards palpitation as anything abnormal, either in the rate or the rhythm of cardiac action. Palpitation is, therefore, a symptom of many meanings, each needing different therapeutics.

1. True palpitation shows itself by forcible beating of the heart and larger arteries. As regards the force of the beat, the smaller arteries take no share in the phenomenon. Exercise never causes palpitation. Reflexes of emotional or gastric origin are the cause. Such cases need improvement in general health, as they are generally feeble and anemic. No special cardiac treatment is required

2. In anemic individuals, on exertion the heart's action is not so violent or throbbing, but the radials, as well as the larger arteries, beat forcibly and fully. These symptoms cease when the patient becomes quiet. Such cases must be treated on their own merits. It should be seen to that there is no special cause for hemolysis and no interference with hemogenesis. Absolute rest must be insisted on, with tonics, such as iron and arsenic. Cardiac tonics may be required in some cases.

3. Next is the severe palpitation preceding the goitre or ophthalmos of Graves' diseases. Not only is the heart's action violent and noisy, but the whole arterial system throbs disagreeably. This affection is seldom relieved by heart therapeutics. Treatment must be directed to the cause.

4. An acute overstrain is often the beginning of a rapid heart action. This often terminates in valvulitis and in stenosis of the mitral valve. If seen early enough, such cases are benefited by belladonna or atropine pushed until the system is fully affected.

5. Interference with cardiac metabolism from imperfect blood supply, due to mitral stenosis, often causes a rapid and irregular pulse. Such cases are not always amenable to treatment. Perfect rest in bed, with digitalis may be successful.

6. True tachycardia, rapid, feeble pulse, with embryocardiac heart sounds, has a multitude of causes, and each one must, therefore, be treated on the basis of its etiology.

7. Lastly, is the remarkable tremor cordis, which seems to be always produced by some gastric reflex, and never by emotion or exercise. Moderate open-air exercise, together with attention to the general health, seems to be the best treatment. All other symptoms must be investigated, and etiologically differentiated, as palpitation has been above. Thus dyspnœa may be due to anemia, deficient supply of oxygen carriers or to backward pressure, causing pulmonary congestion and preventing vascular aeration, or it may be caused by pulmonary edema, or pleural effusion without any marked venous stagnation. Edema is not always due to cardiac debility. It may be due to position, accidental venous compression, or imperfect composition of the blood.

The condition of the heart must be care-

fully investigated. In early life a simple dilatation is probable due to anemia; a so-called functional murmur is a curable regurgitation. After middle life, simple dilatation is usually associated with symptoms of the senile heart. An old heart may be fibroid or rheumatic, but the senile heart has a distinct pathology of its own.

Next, the condition of the valves must be investigated, together with the cardiac openings of the heart, to which any murmur is due. Is the murmur caused by lack of valvular coaptation, or is it due to an alteration in the valvular structure, or in that of the orifices caused by rheumatic or atheromatous degeneration? All these have an important bearing on the treatment and prognosis. It being impossible to ascertain if the coronaries are atheromatous, we need not trouble about them. Nor is it necessary to know if the heart is fatty or not. Treatment will not injure it if it is. Of all the fatty hearts seen post mortem, by the author, none were injured by treatment.

It is an unwise error to suppose that recovery or improvement is due to one drug or another. Many patients, even dropsical ones, recover under rest and diet. In the treatment of cardiac disease, above all things the patient's mind should be free of all anxiety. When compensation is incomplete, and dyspnœa follows exertion, rest is the important indication. Rest, diet, and heart tonics will soon restore the patient. Exercise, even graduated, tends to break down compensation. Moderate exercise keeps the myocardium well nourished; beyond this, hypertrophy is promoted. Long-continued but not excessive exertion promotes collapse, especially in a case with a weak myocardium. In all cases it is wise to promote nutrition of the skeletal muscles by massage. In cardiac cases the digestion is feeble; therefore, a limited quantity must be ingested at each meal, because of the poor quality of the gastric juice; to avoid diluting this, the meals should be as dry as possible, and fluids taken about four hours afterward, when digestion is complete. A sufficient time must elapse between each meal, so as to give the stomach rest. The principal meal should be at mid-day, and the evening meal light.

The drugs employed in cardiac diseases are not numerous, but of much value. Nux vomica in the form of liquor strychninæ, is most voluable in cardiac cases with defective energy, but without structural lesion. Five minims every twelve hours is a proper dose. It energizes the heart muscle, the cardiac ganglia, as well as the vaso-motor centre. Strychnine is an excellent gastric tonic, especially in the catarrhal condition, accompanied by venous congestion. Arsenic is also a most valuable cardiac tonic, particularly as an adjuvant to strychnine. Iron needs hardly to be mentioned. Strophanthus has the advantage of solubility in water. But, though it forces the heart to contract, it seems to have no tonic action upon it. It does not promote the nutrition of the heart muscle as does digitalis.

Digitalis is a drug which produces the exact action desired. Digitalis is given for three purposes. First, to improve the nutrition of the myocardium; second, to contract dilated ventricles; third, to remove dropsy. The best dose to improve the cardiac tone is 1 grain of the powdered leaf every twelve or twenty-four hours. To contract dilated hearts 1½ grains would be a suitable dose, given every four or eight hours. Such cases ought, however, to be carefully watched. In dropsy, with soft and easily pitted limbs and feeble, intermitting pulse, digitalis ought to be given almost to saturation. When diuresis has once set in, digitalis may be stopped for a day or two. In order to lower the blood pressure, and thus enable the digitalis to work more beneficially, the nitrites, nitro-glycerine, and iodides are given. Nitrite of amyl causes a fullness of the head. Nitro-glycerine is more useful; its action lasts from one to four hours. To lower the blood pressure continuously without bad effect, iodide of potassium is the best drug. If pain persists in angina after the blood pressure is relieved by nitro-glycerine, then morphia is indicated.

As hypnotics, paraldehyde and chloralamide are useful, but better than these is

chloralose, which lowers blood pressure and seems to steady and regulate cardiac action. Four grains at bedtime insures a good night's rest.

Displacements of the Liver.

Dr. Graham states that within certain limits the liver is freely movable, and that in women with pendulous abdomens it may descend one inch below its normal position without causing any unpleasant symptoms. cases with marked undoubted displacement of the liver are rare, however (*The American Journal of the Medical Sciences.*)

A short account of the literature on the subject is given, also a representation of Heister's remarkable case, published in 1824, in which the normal transverse diameter of the liver had become practically vertical. In 1892 Faure published fifty-four cases collected from the literature. Since then several others have been reported, and these have been collected, making a total of seventy cases, which are given in tabulated form.

The author is of the opinion that the recorded cases might be divided into two classes: First, the wanderleber of the Germans, fegato ambulance of the Italians, floating liver, a condition found in women with pendulous abdomens, usually after frequent childbearing. Second, cases in both males and females in which the causes of displacement are varied.

Floating liver is a comparatively rare condition, any marked degree of mobility of this organ being prevented by the number and strength of its ligaments. The ligaments are in all probability of sufficient strength to carry the full weight of the liver without the aid of the abdominal wall. This the writer has demonstrated in the majority of a series of experiments on the cadaver, the details of which are given. The strength of the ligaments of the liver are further shown by the results of several experiments which Faure conducted, in which he foundthat it took a weight twenty-five times that of the liver in order to rupture them.

Graham reports three cases which occurred in his practice, one of which illustrates well the great relief to the symptoms produced by hepatic displacement by the use of a properly applied abdominal support. In this case relative hepatic dulness did not begin till the seventh rib in the mammillary line was reached, and the lower border of the liver was distinctly palpable two inches below the umbilicus. The patient complained of a weight in the abdomen, dyspnœa, and was very cyanotic. These symptoms were relived by an abdominal bandage, always returning whenever it was removed.

Winkler is quoted as giving the following causes for hepatic displacement, one acting in succession to the other: 1, Pregnancy of full term; 2, pendulous abdomen; 3, hepar pendens; 4, stretching of the ligaments; 5, tearing and twisting of the suspensory ligaments. Rapid emaciation and disappearance of the abdominal fat are considered by Landau as causes of displacement. Other etiological factors which have been mentioned are coughing, sneezing, vomiting, and tight lacing, the latter, however, tending more to produce a change in form rather than a change in position of the organ. Repeated pregnancies in women, producing pendulous abdomens, seem to be an important etiological factor. Of the cases recorded a synopsis shows that males and females are affected in the proportion of one to four. Displacement comes on later in life in females than in males.

The symptoms usually complained of by patients are a feeling of weight in the abdomen and a dull pain on exertion. A few instances have been recorded with a sudden onset of symptoms, which were those practically of shock. Other symptoms which have been noted are dyspnœa, cyanosis, nausea, vomiting, and, in some cases, jaundice. An examination of the abdomen should show the presence of a tumor, which can be easily felt and which resembles the liver in size, shape, and consistence. There should be tympanitic resonance over the area where hepatic dulness normally exists.

The conditions for which a floating liver is most likely to be mistaken are typhlitis, ovarian cyst, movable right kidney, and hydronephrosis. The former condition should be distinguished by the following points: 1, The tumor having an upper smooth surface and a sharply defined anterior border and notch; 2, tympanitic resonance over the normal area of liver-dulness; 3, possibility of partial or complete replacement, when dulness will be found in the normal area. Greatest relief to the symptoms seems to have been obtained by the use of a properly applied abdominal support.

The Habit of Abortion Remedied by Massage.

Maleugreau, Arch. de Toc. et de Gyn., Sept. 1894, Amer. Jour. Ob. May, 1895.

The author quotes two cases which occurred in his practice. The first patient aborted five times, always at three months and a half. Curetting followed by intrauterine injections with the tincture of iodine was practiced, and the patient becoming pregnant for the sixth time again aborted at the usual date. Pelvic massage was next resorted to, and while it was being applied a tumor was found upon the posterior wall of the uterus, just above the cervix, to which was attributed the causation of the successive abortion. Daily massage of the uterus for three months reduced the tumor, and the closely followed pregnancy went on successfully to term.

In the second case the patient had twice been pregnant; her pregnancies had been accompanied by great pain in the abdomen, difficulty in walking, unbearable fatigue, sleeplessness, lack of appetite, and digestive disturbances, and at eight months and eight and a half months she had been prematurely delivered of a dead and macerated foetus. She was again three months pregnant. The uterus was large, deviated to the right, and retroverted; the right ligament was contracted and there were two adhesions to the right and posteriorly. Molengreau conjectured that these adhesions were the cause of the trouble by their interference with the placental circulation at the period when the uterus was large and strongly pulled down by them.

Seven treatments by massage disposed of the adhesions and restored suppleness to the right broad ligament; the patient felt no further pain nor fatigue, walking was easy, and she rests upon either side and not only on the back as heretofore. After fifteen treatments she took a walk of three hours without experiencing the slightest fatigue or any sense of weight in the abdomen. Treatment was then suspended, and at term the patient was normally delivered of a fine living child.

The Preservation of the Perinæum—A New Method.

D. B. McCartie, M.D., in N. Y. Med. Jonr., May 25, 1895.

After describing various methods of supporting the perinæum, all of which favor pushing the occiput forward and extension of the head, the author continues as follows:

"When, therefore, the occiput is born the pressure of the elastic perinæum from behind pushes the base of the occipital bone under the pubic arch and thereby some extension is caused. This is usually the time when the action of the physician is called for and according to the rules already referred to his duty then is to cause the head to rotate or extend itself forward and sweep over the perineal floor. I would strongly advocate the opposite of this, which means that the act of extension is uncalled for and that the head should not be pushed forward, since this very action tends to rupture the soft parts. On the other hand when the resistance of the bony parts of the pelvis is removed by descent and exit of the occipital region of the head, the physician should substitute a force for the natural one, to counteract the elasticity of the perineum and keep the head flexed. There can be no doubt that it is extension of the head that lacerates the perineum in most cases after the occiput has slipped under the pubic

arch. The flexion of the head can be maintained in a very simple and easy manner, as follows:

"The patient should be on her left side to get the best results. The head is to be kept flexed even while in the genital canal, though this is not an absolute necessity, but after the occiput has reached the outlet and we can easily grasp it, it is best even at that early stage to begin flexing the head, since this helps to allow the occiput to slip from under the pubic arch earlier than it otherwise would, and also helps to dilate the perineum by keeping the forehead region rigidly compressed against it. When a part of the occipital region is born it should be grasped by the fingers in front by the right hand (*i. e.*, the fingers near the mons Veneris of the mother), and the thumb behind on some portion of the parietal bone. By this method the head can be kept thoroughly flexed in a most easy and satisfactory manner. The uterine force can be easily counteracted and the extreme efforts of the patient are easily controlled, because the head being thoroughly flexed, the force is controlled in the direct axis of the uterus; but more important than this the elasticity of the perineum is counteracted, and the extension or rotation over its floor prevented. The two forces, uterine and perineal, are directed more into a downward movement of flexion, and not in a forward one of extension."

The author enumerates several reasons for the adoption of this procedure. One is that the smallest diameter, the soboccipto-bregmatic (3¾ in.) is the first part to meet the vulvar outlet, and besides being the smallest it is also the longest and tapers smoothly and gradually toward the thickest diameter. It therefore kept thoroughly flexed gives the soft parts the best chance of allowing it to pass without rupturing them.

The author urges caution and judgment by the physician as to the time when the largest diameter of the presenting part should be allowed to pass through the thinned and shining surface of the vulvar outlet. If thorough flexion is kept up and no force used from behind—in fact nothing but the regulating force of the right hand in the position recommended it will be found that rupture of the perineum will be a rare event.

The Surgical Treatment of Idiocy.

British Medical Journal.

Craniectomy in microcephalus having been much referred to both in the medical and lay press as serviceable in promoting brain development in that form of idiocy, it became necessary to examine the evidence upon which such an opinion rested. Tracing the history of the operation with which since 1890 the names of Lannelongue, of Paris, Keen, of Philadelphia, and Victor Horsley were especially associated, Dr. Shuttleworth argued that the experience of five years did not sustain the sanguine expectations of early operators. As microcephalus was indeed not (as a rule) dependent on premature synostosis, but on original faulty brain development, the operation was never a promising one; and though it was now contended that in some cases a conflux of blood and consequent improved brain pulsations were produced by it, the after history of cases operated on some years ago did not show more mental improvement than would probably have occurred independently of the operations. Bourneville, of Paris, indeed had demonstrated that such operations in the long run tended to diminish cranial capacity, as exuberant bone growth was apt to take place where bone had been excised. In microcephalic cases more benefit was to be expected from training than from operation.

In cases of mental deficiency with pressure symptoms—as in traumatism and hemiplegic cases—there were good indications for operating, and in hydrocephalic and hypertrophic cases of imbecility tapping or trephining might be beneficial.

A remarkable case of syphilitic imbecility (inherited) with epileptic symptoms, much benefited by trephining, had lately been reported by Mr. Anderson, of St. Thomas'

Hospital. Operative procedures followed by special training might indeed be of use in some forms of mental deficiency in childhood, though not in ordinary microcephalus.

Dr. Fletcher Baach agreed with Dr. Shuttleworth that craniectomy is of no use in microcephalic idiocy, and pathological anatomy has shown us that the theory on which it was originally based rarely exists. He believes it of use in those cases of traumatic origin and in those cases of hydrocephalus hypertrophy of the brain.

Dr. Telford-Smith gave the after history of a case quoted by Dr. Shuttleworth in which the improvement was very slight, if any. He also said that Prof. Cunningham, of Dublin, had found that arrest of development of the brain leading to microcephalic idocy takes place at fourth month of intrauterine life.

Cell Metabolism.

The American Therapist.

Cell metabolism gives promise of becoming a most fascinating study. Special attention has been given to the study of cells from different points of view, namely, anatomically, physiologically, morphological and chemical, and more recently Prof. Gates has investigated the cell from the psychological standpoint. In order to grasp the vastness of this subject we must learn some of the first principles bearing upon cell metabolism. For example, we know, or think we know that certain gastric cells perform certain peculiar and necessary functions, else digestion would prove defective. The same is true also of certain intestinal cells; it has been shown that they will take up and dispose of certain pabulum and refuse other products, facts going to show, as pointed out by Ewald, that these cells perform their own proper functions of their own volition. He teaches that they do this independent of the nervous system, although it is not beyond the range of possibilities that certain phases of cell function and cell metabolism may depend upon an undiscovered internal nerve supply. Indeed, this supposition is not at all improbable, as the following illustration will show. Suppose a person to be in perfect health, contented and happy. Prof. Gates says the condensations of the nasal exhalations will respond in a special manner to certain reagents. Let the same person experience pain, sorrow or anger and new elements are introduced, the condensations showing abnormal conditions as determined by various reagents. And what will appear more peculiar still—indeed, almost incredible—is the fact that the different conditions, pain sorrow and anger, are indicated by different reagents. It will be evident, therefore, that cell metabolism is a matter of the utmost significance, since such marked physical changes could not take place without corresponding, important physiological metabolism.

Prof. Gates has spent many years in studying the various stages of cell metabolism; his experiments upon dogs, rabbits and guinea pigs run up into the thousands, and the results of his investigations, from present indications, bid fair to open a new era of scientific medicine.

It can be said of scientific medicine of today that it has been halted at diagnosis. For many years our german confreres have been accused of practicing "diagnosis" instead of "medicine." It has even been intimated that an autopsy to establish the diagnosis was often looked forward to with a livelier interest than the recovery of the patient. In addition, however, to diagnosis, we do know something about the immediate effect of drugs. What are the remote effects of many drugs given in medicinal doses, we know absolutely nothing. And even in cases where we know the remote effects to be harmful, as in the case of potassium chlorate, how many physicians consider it worth while to caution their patients against their use?

To most practitioners cell metabolism will have but a passing interest, unless we can impress upon them the great importance of this study in determining the remote as well as the immediate effect of drugs.

We cannot close these remarks without a

word of comment upon the apparently normal results of cell metabolism in health, the function of cells singly and in groups as a resisting force against the invasion of disease, because these thoughts so forcibly impress upon the mind the serious import of any derangement of cell metabolism from the injudicious or reckless use of remedies, the remote effects of which are unknown.

Tryptic Digestion and the Internal Secretion of the Spleen.

The Times and Register.

A Herzen (Rev. Gen. des Sciences, June 15, 1895,) revives the theory as to the influence of the spleen on pancreatic digestion, which Schiff was the first to put forward in 1862. It has long been known that the digestive action of pancreatic juice on proteids is not continuous but intermittent, and that it appears regularly with the process of gastric digestion. Schiff showed that in animals from whom the spleen had been removed, neither the pancreatic juice nor an infusion of the pancreas had any digestive influence on proteids. Herzen has combined Schiff's views with Heidenhain's researches on zymogens. He finds that the volume of the spleen at any moment varies directly as the amount of trypsine in the pancreatic juice, and inversely as the amount of zymogen. Thus the maximum quantity of zymogen is present during starvation, when the trypsine and splenic dilatation are at their minimum. Six or seven hours after food the conditions are exactly reversed. Furthermore, admixture of infusion of congested spleen greatly aids the pancreatic digestion of proteids. The blood of the splenic vein has a similar action, that from other vessels none. Herzen concludes that in the living pancreas the protrypsine is transformed into active trypsine by the influence of a substance produced in the spleen in quantity proportional to the intensity of its congestion. The substance finds its way to the duodenum through the general circulation.

How We Intend to Check Substitution of Drugs.

Owing to the fact that substitution of drugs is practiced to a great extent, we earnestly request our readers to assist in reporting to us all cases in which they may have been the victims of this criminal offense, giving the name and address of impostors, also all particulars to substantiate their statement, such as sworn affidavit, etc.

We will expose in our columns the names of fraudulent dealers on receipt of satisfactory evidence.

All our readers will admit that a doctor who prescribes a certain remedy expects that his prescription shall be filled accordingly. A druggist has no right whatever to use his own judgment in the matter, otherwise he places the reputation of the physician as well as the life of his patient in jeopardy.

Feeling that all doctors, honest druggists, and manufacturers of legitimate preparations will be benefited by our action in this matter, we solicit their assistance.

The above notice must be considered as a warning to druggists who believe that they are at liberty to substitute drugs.

An Effectual Method of Treating Extensive Malignant Disease of the Breast.

Medical News.

Lane (*Lancet*, No. 3763, p. 904) recommends amputation of the arm at the shoulder in certain cases of carcinoma of the breast in which the skin is so extensively infected that sufficient covering for the raw surface is obtained with difficulty, if at all. It is reasoned that the patient will die if not operated upon, and the arm will be a source of distress, owing to interfence with its circulation; so that the removal of the member is really not a serious deprivation. An illustrative case is reported. An unmarried woman, 26 years old, presented a carcinoma of the breast, which had been observed for five months. The mass was large and in-

volved almost the entire breast. The skin over it was adherent, and was ulcerated over a space perhaps 1½ inches in diameter. All about the ulcer and for an area around the breast the skin presented minute nodules of infection. There were enlarged glands in the axilla, and in the subcutaneous tissue over the coracoid process a gland could be felt, which had apparently been infected from some cutaneous nodules just below it. There was no evidence of general metastasis. The situation was explained to the patient, and extirpation of the malignant disease with amputation of the arm proposed and acceded to.

An incision was made along the length of of the clavicle to the middle line and the middle third or more of the clavicle exposed and removed. The subclavian artery and vein were tied at the margin of the scalenus anticus, and all the areolar tissue and glands in the subclavian triangle carefully dissected out. There was no obvious infection of these glands, but beneath the clavicle the upper limit of the enlarged axillary glands was defined and the glands were turned downward. Great care was taken not to injure the suprascapular or other vessels crossing the subclavian triangle. From the inner limit of the horizontal incision another was carried down vertically along the middle line for about 6 inches, well outside the limits of skin infection. From the lower end of this another incision was carried backward to the posterior axillary fold, at what seemed to be a safe distance from the growth, and then it was run upward along the posterior fold to the axilla, whence it ran across the arm to the outer end of the clavicle. A vertical incision was made from the upper limit of the posterior axillary fold to the elbow, where it was crossed by a circular incision. The skin and subcutaneous tissues were dissected up off the deep fascia as far as the deltoid, out of which a large and sufficient flap was cut to insure as much vascularity of the flap as possible. The inner part of deltoid was removed and the limb disarticulated The skin and the subjacent soft parts were dissected off the sternum, clavicle, ribs, cartilages, intercostal muscles, serratus magnus, and posterior wall of the axilla; and the great square flap, which measured more than nine inches along each side, was fitted accurately and comfortably into the large exposed raw area. The part that corresponded to the circular incision around the arm was united to the edge of the median or sternal incision, while the edges of the vertical incision in the arm were connected with the upper and lower horizontal incisions in the thorax. Very little blood was lost during the operation. The growth was found to involve the greater pectoral, but the most careful subsequent examination of the parts excised showed that the primary growth, the skin, and the glands were very freely removed. The wound ran the usual aseptic course, and was unattended with pain or discomfort.

WANTED—A young physician who can register as a pharmacist to go to a thriving southwestern town. Good salary and steady position to right man. Address E. T. O. care KANSAS MEDICAL JOURNAL.

COHNHEIM's theory of cardiac asthma is that it depends on an inequality in the strength of the two ventricles, whereby the right forces more blood into the lungs than the left can forward into the aorta. This results in acute hyperæmia, œdema. and the sense of suffocation and other symptoms characteristic of this trouble.

IN speaking of senile degeneration of the heart Babcock says that fibroid degeneration of the auricles causes cardiac arrythmia whereas when affecting the ventricles it does not produce irregularity of the pulse.

TYSON says that all compound fractures should be treated by uniting the ends of the bones and thoroughly irrigating the wound.

A Pharmaceutical Triumph.

There is probably no laxative or cathartic in the materia medica which is more widely known and more generally used, especially as a home remedy, than castor oil.

Its only objection has been its taste. Now, however, even this has been removed, and we have "a pleasant castor oil."

Laxol is pure castor oil sweetened with benzoic sulphinide and flavored with oil of peppermint.

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Laxol is used throughout many of the best hospitals in the East, where it has been known for some time.

Case II.

The Mercer Chemical Co.:

MACON, GA., June 22, 1895.—Gentlemen: It gives me great pleasure to attest the efficacy of your aphrodisiac preparation, Pill Vita. I have tested its merits now in seven cases and have never found it necessary to administer more than two bottles to the most obstinate case. I regard it without a peer for what it is claimed. Yours truly.

R. L. SMITH, M.D.

WANTED—To exchange Reference Hand Book, as good as new, for Oculist's Trial Case in good condition. Address this office.

WANTED—A young physician who is a graduate of pharmacy or can register and can loan employer seven hundred and fifty dollars ($750) for six months. Note secured by drug stock. Steady job with good salary. Address "Pedra," care KANSAS MEDICAL JOURNAL.

Eight Hundred Pages for $1.

In 1896 the *Tri-State Medical Journal*, an illustrated monthly medical magazine, will give its subscribers 800 pages of select medical literature for one dollar. Clubbed with the KANSAS MEDICAL JOURNAL for $1.80. Address *Tri-State Medical Journal*, 3509 Franklin avenue, St. Louis, Mo.

DR. MACHETTE, in the *Medical World*, claims to have but 2 per cent. of failures in his treatment of the alcohol habit. He gives his patients a hot bath and a cathartic, then a hypodermic injection of hydrastine, beginning with one-fiftieth of a grain and gradually increasing until one-twentieth of a grain is given four times a day. Valerian and bromide are given for nervousness.

DR. WORMS, of Paris, estimates the proportion of glycosurics in brain workers at 10 per cent., and it is claimed that this percentage is on the increase. It is some satisfaction to know, however, that it is not the severe type. The proportion of true diabetes to glycosuria is only about 5 per cent.

DR. ROSWELL PARK has discovered a new styptic, made from a combination of tannin and antipyrin. An agglutinative and adhesive precipitate results from a combination of solutions of these two drugs which possesses remarkable styptic properties and can be applied to most any tissue.

DR. ROSE says that it has been demonstrated by experiment upon dogs that hot water drinking will produce ulcer of the stomach. If this is true the prevalent habit of drinking hot water as well as other hot fluids should be discouraged.